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1 PTO/SB/01 (3-97)

Approved for use through 9/30/98 OMB 0651-0032

Patent and Trademark Office: US DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	Attorney Docket Number	MET20
	First Named Inventor	Higginbotham
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted After Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Life Jacket
(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application No. or PCT International Application No.
 and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 3)

Burden Hour Statement: this form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief

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DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §366© of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, code of Federal Regulations §1.58 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional US or PCT International application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number		<input type="text"/>		Place Customer Number Bar Code Label Here
OR				
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration no. listed below				
Name	Registration Number	Name	Registration Number	
C.A. Rowley	20,781			

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Info sheet PTO/SB/02C attached hereto.


Direct all correspondence to: ☐ Customer Number **09385** OR ☒ Correspondence address below

Name	C.A. Rowley				
Address	P. O. Box 59				
Address	51 Riverside Parkway				
City	Frankford	Prov.	Ontario	P.C	K0K 2C0
Country	Canada	Telephone	(613) 398 1409	Fax	(6130 398 1446

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Paul** Family Name or Surname **Higginbotham**

Inventor's Signature					Date	16/08/03	
Residence: City	Richmond	Prov.	B.C.	Country	Canada	Citizenship	Canadian
Post Office Address	#4880 Windjammer Drive						
Post Office Address							
City	Richmond	Prov.	B.C.	P.C.	V7E 4L9	Country	Canada

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of second Inventor:				A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ping Yin				SHEU			
Inventor's Signature	<i>my Sheu</i>					Date	16/OCT/03
Residence: City	Delta	Prov.	B.C.	Country	Canada	Citizenship	Canadian
Post Office Address	11831 78B Avenue						
Post Office Address							
City	Delta	Prov.	B.C.	P.C.	V4C 1R9	Country	Canada
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							